

PRESIDENTIAL ADDRESS

AMERICAN SURGICAL ASSOCIATION,

Albany Meeting, June 3, 1902

BY

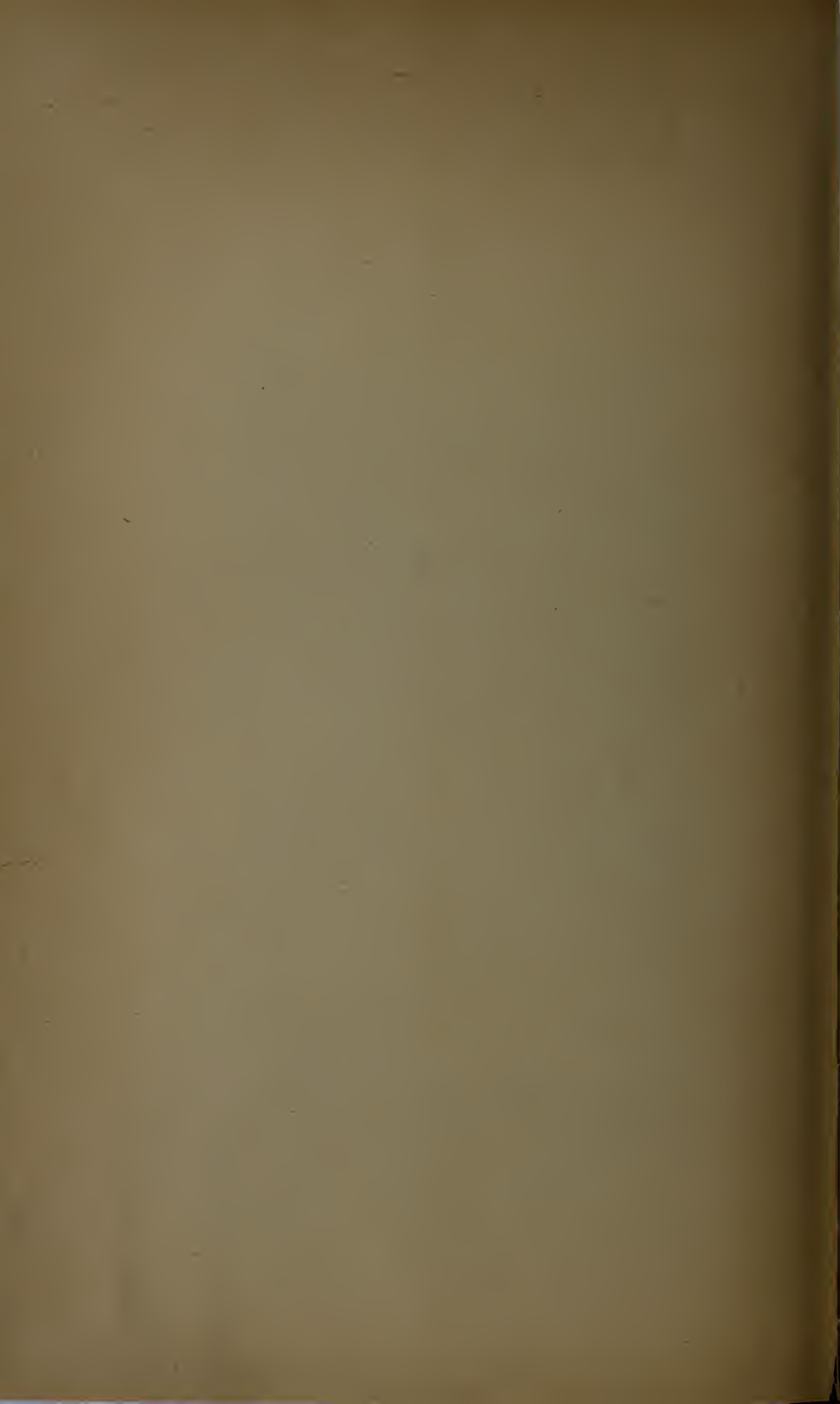
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PHILADELPHIA



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ADDRESS OF THE PRESIDENT.

BY DE FOREST WILLARD, M.D.,
PHILADELPHIA.

To be the unexpected recipient of an election to the presidency of an Association composed of the best surgical talent of the world is an honor that may well be prized by any American surgeon. To say that I was gratified by such an expression of your confidence is to put the matter in the feeblest of terms. The man who would not be proud of such a token of your trust would not have been worthy of your selection, and I can truly say that no honor has ever come to me which has been so highly prized as this mark of esteem from my surgical brethren.

As the programme before you promises enough to store your brains with surgical subjects during the next three days, I refrain from further taxing your mental abilities by the discussion of any one of the surgical problems which must daily come into the mind of an active surgeon; but as one of the earlier Fellows of the Association, I have felt that it might not be uninteresting to all of you to turn back for a few moments to the history of the organization.

The idea of an Association that should represent the advanced surgical thought and action of the leaders in the profession originated with the elder Gross. First, at the meeting of the American Medical Association in Atlanta, in 1879, and the following year in New York, he discussed the matter with Briggs, Dawson, Campbell, and others. An organization was effected, and the following year a small number of surgeons met informally at Coney Island after a further impetus received at the meeting of the American Medical Association at Richmond.

I well remember the dignified form of Gross, as we stood in the Capitol grounds in Richmond, while he urged the advantages to be obtained by the scientific discussion of surgical subjects in a small body of selected men. In 1882 a full programme was presented, and a formal meeting held in Philadelphia. This was largely attended by such men as Gross, Agnew, Kinloch, Connor, and others.

The first Constitution of the Association placed the limit of essays at two papers to be read each day, in order that discussion might be full.

The first volume of TRANSACTIONS was issued in 1883, and contained the papers read at the first three meetings. This volume to-day gives us an interesting insight into the surgery of that date. Cœliotomy was at that time a comparatively rare operation. Listerism and the antiseptic treatment of germs were in their infancy, and we find in this volume such expressions as the following: "May we not be mistaken in regard to the fact that micrococci produce suppuration?" Again, "I have always been a consistent anti-Listeric surgeon; I have never treated a single wound by closure after the Listerian plan." "If it were true that unfavorable symptoms which follow certain operations are due to the presence of bacteria in the wound, or in the blood, then the Listerian plan, in my opinion, is the wrong one; it cannot succeed." "I do not think that Listerism is going to die; it *is* dead; few surgeons will long continue to use it." Letievant is quoted as saying, "I am satisfied that this theory of microscopical organisms is not the correct one." Again, "There are Fellows in this Association who are ready to raise their hands and thank God that they have never witnessed the application of Listerism, nor used it."

At that time the use of the spray was considered an essential part of Listerism; in fact, the spray was looked upon as the chief element, since the micro-organisms in the air were considered to be the ones especially dangerous. The question of cleanliness of hands, instruments, dressings, etc., was only beginning to be considered. Keith only a year before, at the International Medical Congress at London, had publicly proclaimed the recantation of his faith in the spray. Hueter's doctrine, that severe

injuries could be inflicted without inflammation, if germs were excluded, was considered extravagant. Tait, as we all know, was consistent in his cleanliness, but in regard to antisepticism, he congratulates himself as entitled to some credit for having "burst one of the largest, most blown, and most attractive bubbles ever displayed to a surgical audience." Dr. John L. Atlee, one of the pioneers of ovariectomy, at this time had only practised Listerism in a single case, but he had for many years used a weak solution of carbolic acid in keeping hands, sponges, and instruments clean.

Cabell, however, in this volume, gave an interesting résumé of the subject as it appeared at that time, proving conclusively that in spite of the opponents of the measure, the mortality of several operations had been greatly reduced, and that Spencer Wells had lowered his mortality in ovariectomy from 24 per cent. to 4 per cent.

Paget only two years before had stated that until recently he had never seen a patient recover who had a lumbar abscess opened by free incision, but now, he added, "I have seen several opened with absolute impunity under antiseptic treatment."

Savary had already fortunately struck the keynote of asepsis, and was urging the free irrigation of wounds with sterile boiled water, and Watson Cheyne had announced that Lister had become convinced that the spray was the least important of several antiseptic means, as there were undoubtedly fewer organisms floating in the air than were lodged on the hands and instruments. While Lister himself laid great stress upon the careful application of his carbolized dressings, other surgeons confounded antisepticism with the more spectacular portion of the procedure—the spray.

Bantock also had already begun diluting his spray and solutions, so as to reduce the whole question to one of cleanliness, which he concluded was, after all, the secret and merit of Listerism.

Personally, I had become a convert to the theory of the infection of wounds by micro-organisms six or seven years previous, at the time of Lister's visit to Philadelphia. The argument that

impressed me most was the statement that he was able by his method to open joints with the absolute certainty that no infection would occur.

In regard to the aseptic instinct of a surgeon, it seems to be born in him, yet I can scarcely understand the careless practice of some of the younger surgeons of to-day, who ought involuntarily to act and think aseptically. Many of them in their practice are noticeably more careless than some of us older ones who were obliged to unlearn our entire original technique.

Of the original Fellows of the Association only six remain upon our roll. Of our former Presidents, Gross, Moore, Briggs, Agnew, McGuire, Yandell, and Mastin have already passed away. To those strong and able Founders of this Association those of us who are older look back with the utmost reverence and respect, recalling the tall, commanding figure and impressive speech of Gross, the kindly, attractive presence of Agnew, the vigorous movements of Gunn, the hearty Southern frankness of Yandell.

So much for the past! What of the future, or, rather, What of the present? for it is the present that must have its influence upon the future. To-morrow's duties are never as imperative as those of to-day. It is clearly our part not only to maintain the past history of the Association, but to strive to keep it in the very front rank of American surgery, the foremost rank of the surgery of the world. The surgeons of the United States have for many years pushed to the front in the development and perfection of all that is useful in practical surgery, and whatever may have been our failure in the past to recognize the value of scientific and pathological surgical improvement, the fault can be no longer laid to our charge, since the profession is daily not only recognizing but adopting every pathological and laboratory improvement which experience shows to be of value in the prosecution of our practical work. At the present time a young man can obtain in our country not only all the surgical technique that is necessary to his advancement, but also all the scientific laboratory instruction that is required for work of precision and skill. We do not run crazy over theories, since many theories are useless in practice, but whenever a fact is demonstrated and

distinctly proven, no nation is more ready than we are to accept and put in practice all such suggestions. The examination of the blood and of all the secreta and excreta of the body, the chemical, physiological, and pathological aids to precision in diagnosis and treatment, are all greatly welcome, but the laboratory is and always should be taken as an adjunct and assistant to, not a supplanter of, clinical observation. Every good surgeon has attained, or ought to have attained, a degree of intuition, of knowledge, of insight, of the subtle mental power which we call good judgment, which should be of the greatest service in the recognition of diseased conditions. As in ordinary life all the good qualities of an individual may be lost by the absence of common-sense, so in surgical life may knowledge and preparation prove valueless in the absence of good judgment.

As I have already said, the future depends upon our action of the present. The present is all that is promised to us, and as we look over even the past year we can see the inroads that have been made upon our Fellowship.

Dr. Moore, the second President of the Association, a strong, vigorous figure in his time, has naturally by his extreme age passed somewhat into retirement. He died at the ripe age of eighty-two, having been in the profession for sixty-four years. He graduated from the University of Pennsylvania in 1838.

All of us remember the peculiarities and at the same time the most marked scientific abilities of our fellow-member, Dr. Christian Fenger. Enthusiastic and devoted to the study of pathology, he made a name for himself, and has left his mark upon the surgery of his adopted country that will long remain.

The western coast of our country has lost Dr. Levi C. Lane, who was ever ready with his influence and money to forward the work of the profession in San Francisco. Dr. Wight, of Brooklyn, a careful surgeon, has also gone to his reward.

One of the younger men, Clayton Parkhill, bright, energetic, forceful, had opening before him a widening career of advancement, and we deeply regret that his surgical work was completed at the early age of forty-two.

Among our Honorary Fellows we have lost Sir William

MacCormac, a London surgeon well known in civil and military practice.

MEMBERSHIP. In our Association should be gathered only the men who have made their mark in the surgical world by scientific advancement, by skilful technique, by thorough clinical knowledge, and by acknowledged pre-eminence in teaching power. It should never be our desire to close the doors against any surgeon who possesses these distinctive qualities and bears in addition a high character. Each year we should add new vigor and force and new working elements in order that the foundation may be broad and permanent. Favor, partiality, envy, jealousy, should have no place in our elections. The Fellow who permits personal prejudice to influence his vote in regard to the election of a Fellow is committing an injustice against the Association.

The plan of having names lie over for one year is an admirable one, and should be continued. If objectionable names are presented at this meeting it is the duty of Fellows to notify the Council in order that this body may be correctly informed of the qualifications of candidates.

The object of this Association is to select men of superior judgment and ripe experience. As has been truly said by one of our former Presidents, "the self-laudatory egotist must ever be a *persona non grata* to a body of men whose strongest motive is the love of their profession and whose highest aims are its advancement." There should be no spirit, however, of maintaining the false doctrine that all wisdom is here contained, for we know that with the rapidly advancing elements in American surgery the man who to-day has not attained to sufficient eminence may next year show the very qualifications that will make him a worthy Fellow.

In regard to increase of our membership: At our meeting in 1898, we enlarged our limit from one hundred to one hundred and twenty-five, but in the space of four years we find that there are far more proposals for membership than we can possibly accommodate. My judgment in regard to expansion is very positively that it should be slow, and only as the necessities of the case exist—that is, when strong, able surgeons whom we

desire in our Fellowship cannot be admitted on account of the lack of room. To open the doors wide to an unlimited number would greatly lessen the value of Fellowship in the Association, both to the present members and to those desiring to be admitted.

The Surgical Section of the American Medical Association is a body which is large enough to include all the worthy surgeons of the United States, and it should be our purpose to strengthen and help this organization in its most valuable career. It is a force of great power in bringing together old and young, experienced and inexperienced, from every State in the Union, and gives them an opportunity to show their qualifications and fitness for the more limited Association.

An unlimited number would also ruin our scientific work by increasing the number of papers beyond the proper limit, and seriously interfere with the discussions which are so important a part of our proceedings. We have already experienced the disadvantage of an overcrowded programme, and I trust that the next Committee on Annual Meeting will rigidly enforce the presentation of short papers, condensed and abstracted, so that only the kernel shall be given to us, and in such form that time will be given for each Fellow to clearly and succinctly express his opinion, if he so desires.

We are placing on trial this year a new plan: the furnishing of proofs in advance of some of the papers to be presented. The committee believe that this method if properly carried out will be a valuable advance, and trust that all of you will be so satisfied with the result of the experiment that the practice will next year become a general one. With the paper in full already in the hands of the Fellows, the essayist will require but a short time in which to present the principal points of his paper, and time for discussion will be greatly increased.

One word in regard to our TRANSACTIONS: it is impossible for the Committee on Publication and our hard-worked Recorder to issue such a volume promptly, as we all agree it should be, unless the Fellows at the time of the meeting have their papers fully completed and presented in duplicate, so that if published in a journal there need be no delay in putting them in type.

A single tardy Fellow often delays the publication for months. In justice to the Association, we have a right to expect that this practice shall not be continued in the future.

Our volumes of TRANSACTIONS have usually been most valuable and are highly prized. The total number of articles published up to last year was 435, contributed by 132 Fellows. The papers cover the entire surgical field, but, as might be expected, the internal organs are the ones most frequently considered. Geographically, authors represent every section from the Atlantic to the Pacific, and from Maine to Louisiana.

At the time of the organization of this Association one of its founders said to me: "In my opinion, surgery has nearly reached its limits; I do not see how it can advance much beyond its present height of perfection." Looking back over the twenty-one years, we can see to-day how surgery has been almost revolutionized since that time, yet we may confidently hope that at the end of a similar period of time our successors will look upon our work of the present day as being equally crude and imperfect. My prediction is that another quarter of a century will find surgery upon a vastly higher plane, and that carcinoma, sarcoma, tuberculosis, and many other conditions upon which we now look with dread will be transferred to the list of curable diseases. Toward the attainment of this desirable object every Fellow of this Association should lend his aid and put forth his best endeavors, realizing that if a single individual omits to insert his small contribution in the edifice of scientific surgery, the progressing structure will be either retarded or rendered imperfect.

We have now attained the age of strong manhood, and should show to the world that American surgery stands not only for careful diagnosis, scientific investigation, and skilful technique, but also for honesty of purpose and high moral and Christian standards of individual character; that the high aim of the profession in this country is not self-aggrandizement nor the acquisition of wealth, but the advancement of science, the benefit of humanity, and the broadening and upbuilding of all that is most noble in our profession.